

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10761372  
APPLICANT(S)

FILED DATE

1-22-07 14205

AS FILED		ADVERTISED AMENDMENT		ADVERTISED AMENDMENT		CLAIMS	
NO	DEP	NO	DEP	NO	DEP	NO	DEP
1							
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TOTAL NO.		TOTAL DEP.		TOTAL NO.		TOTAL DEP.	
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TOTAL CLAIMS		20		4		20	

  

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TOTAL NO.		TOTAL DEP.		TOTAL CLAIMS	
2		18		20	

Best Available Copy